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CONFIRMATION NO. 8599

<b>SERIAL NUMBER</b> 08/726,024	<b>FILING OR 371(c) DATE</b> 10/04/1996 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 3052/119
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/005,029 10/06/1995 which is a CIP of 08/177,851 01/05/1994 PAT 6,278,862 OA

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE OA

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/22/1997

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>Ofisa Anwarah</u> Initials: <u>OA</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 47	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 9
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**TITLE**  
 METHOD AND APPARATUS FOR IMPROVED PERSONAL COMMUNICATION DEVICES AND SYSTEMS

<b>FILING FEE RECEIVED</b> 1501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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